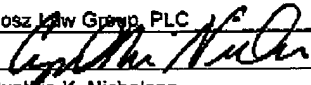
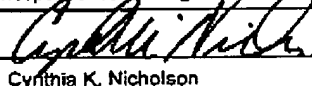


MAR 12 2008

| | | | |
|--|-----------|------------------------|------------------------|
| TRANSMITTAL FORM <small>(to be used for all correspondence after initial filing)</small> | | Application Number | 10/602,687 |
| | | Filing Date | 6/25/2003 |
| | | First Named Inventor | TAKAMI |
| | | Art Unit | 2626 |
| | | Examiner Name | Talivaldis Ivars SMITS |
| Total Number of Pages in This Submission | 13 | Attorney Docket Number | 01-437 |

| ENCLOSURES (Check all that apply) | | |
|---|--|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply (ten pages) <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance communication to (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below): |
| Remarks _____ | | |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | | | |
|--|---|----------|--------|
| Firm Name | Posz Law Group, PLC | | |
| Signature |  | | |
| Printed name | Cynthia K. Nicholson | | |
| Date | 12 March 2008 | Reg. No. | 36,880 |

| CERTIFICATE OF TRANSMISSION/MAILING | | | |
|--|---|------|---------------|
| I hereby certify that this correspondence is being facsimile transmitted to the USPTO (to fax no. 571-273-8300) on the date shown below. | | | |
| Signature |  | | |
| Typed or printed name | Cynthia K. Nicholson | Date | 12 March 2008 |

MAR 12 2008

FEE TRANSMITTAL

| | |
|----------------------|------------------------|
| Application Number | 10/602,687 |
| Filing Date | 6/25/2003 |
| First Named Inventor | TAKAMI |
| Examiner Name | Talivaldis Ivars SMITS |
| Art Unit | 2626 |
| Attorney Docket No. | 01-437 |

☐ Applicant Claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

(\$) 460

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ None ☐ Other (please identify):

☒ Deposit Account Deposit Account Number: 50-1147 Deposit Account Name: Posz Law Group, PLC

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17

☒ Credit any overpayments

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | Fees Paid (\$) |
|------------------|-------------|-----------------------|-------------|-----------------------|------------------|-----------------------|----------------|
| | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | |
| Provisional | 160 | 80 | 0 | 0 | 0 | 0 | |

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent

Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent

Multiple dependent claims

| | | | | | | |
|--------------|--------------|----------|---------------|---------------------------|----------|---------------|
| Total Claims | Extra Claims | Fee (\$) | Fee Paid (\$) | Multiple Dependent Claims | Fee (\$) | Fee Paid (\$) |
|--------------|--------------|----------|---------------|---------------------------|----------|---------------|

- 20 or HP = x =

HP = highest number of total claims paid for, if greater than 20

| | | | |
|---------------|--------------|----------|---------------|
| Indep. Claims | Extra Claims | Fee (\$) | Fee Paid (\$) |
|---------------|--------------|----------|---------------|

- 3 or HP = x =

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$ (\$ for small entity)
for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41 (a)(1)(G) and 37 CFR 1.16(s).

| | | | | |
|--------------|--------------|--|----------|---------------|
| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) |
|--------------|--------------|--|----------|---------------|

- 100 = / 50 = (round up to a whole number) x =

Fees Paid (\$)

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other, Petition for Extension (2 months)

460

SUBMITTED BY

Signature

Registration No.
(Attorney/Agent)

36,880

Telephone (703) 707-9110

Name (Print/Type)

Cynthia K. Nicholson

Date

12 March 2008